Yuma County Treatment/Support/Group Attendance Verification

Name:_____ PO or Case Manager:_____

If participating in a specialty court, this form must be turned in to the specialty court Judge at each appearance. If you are not participating in a specialty court, please submit this form to your probation officer by the last day of every month.

MONTH of:_____ MUST BE SIGNED BELOW TO BE VALID

DATE REQUIRED	TIME FRAME REQUIRED	Attendance Agency Location	Session Type	Chairperson, Secretary/Counselor/ Facilitator / Case Manager SIGNATURE
Ex. 10-1-12,	Ex.4-5 p.m.	**Example:** ACT/ADAPP/Horizon	Substance Abuse	*John Doe*

I certify that attendance to the above-listed sessions are true. I understand that any falsification of information above is a violation of my probation and may result in a probation consequence up to and including termination from the specialty court I am participating in and/or the revocation of my probation.

_____ _____

REQUIRED Participant/Probationer Signature **Date** **(Revised 10/20/2020)**